

**CLAIMS ONLY**

Application Number

10657570

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*      *      *
	Indep	Depend	Indep	Depend	Indep	Depend	
1							51
2	X						52
3							53
4							54
5	X						55
6		X					56
7							57
8							58
9							59
10	X						60
11	X						61
12							62
13							63
14	X						64
15	X						65
16							66
17							67
18	X						68
19							69
20							70
21	X						71
22							72
23							73
24							74
25	X						75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
Total Indep	1						Total Indep
Total Depend	3						Total Depend
Total Claims	9						Total Claims